

PATENT APPLICATION FEE DETERMINATION RECORI Effective October 1, 1997									Application or Docket Number						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY				
FOR NUMBER FILED						NUMBER EXTRA			Έ	FEE		RATE	FEE		
BASI	C FEE	8								395.00	OR <sub>.</sub>		790.00		
тоти	AL CLAIMS		/	minus	20 =	•		x\$1	1=		OR	x\$22=			
INDE	PENDENT CLA	NIMS	c	2 minu	ıs 3 =	·/_		x41	=		OR	x82=			
MUL	TIPLE DEPEND	ENT CLA	IM PRE	SENT				+13	5=		OR	+270=			
* If th	ne difference in co	olumn 1 is l	ess than a	zero, enter "0" i	n colum	in 2		тот	AL	395	OR	TOTAL			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER THAN SMALL ENTITY			
ENT A		CLAI REMAI AFT AMEND	NING ER		N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MQI	Total		0	Minus	**	20	=	x\$1	1=		OR	x\$22=			
AMENDMENT	Independent			Minus	***	93	=	x41	=		OR	x82=			
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						AIM	+13	ō=		OR	+270=			
		(0514			(C	olumn 2)	(Column 3)	TO ADDIT.	TAL		OR ,	TOTAL ADDIT. FEE			
ENT B		CLAI REMAI AFT AMEND	IMS INING ER		HI N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*		Minus	**		=	x\$1	1=		OR	x\$22=			
AMENDME	Independent	*		Minus	***		=	x41	l=		OR	x82=			
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=			
		(Colu	mn 1)		(0	Column 2)	(Column 3)	ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE			
ENT C		CLA REMA AFT AMEND	INING ER		PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA <sup>-</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	:3	D	Minus		20	= 10	x\$1	19	91)	OR	x\$22=			
ME	Independent	5	Pas	Minus	***	3	= 2	×4	氢	7,8	OR	x82=			
A	FIRST PRE	SENTAT	ION OF	MULTIPLE	DEPI	ENDENT CL	AIM	+13	- (		OR	+270=			
*** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number f								FEE appro	L	OR	TOTAL ADDIT. FEE			

	PATENT	APPLICATION Effec		DETERM ber 1, 20		ION RECO	RD		Application (	or D	ocket Num	nber ///	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TOTAL CLAIMS							RATE	FEE	7	RATE	FEE	
FO	PR		NUMBE	R FILED	NUME	BER EXTRA	-	SIC FE	<del></del>	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		minus 20= *					X\$ 9=	1		X\$18=			
IND	DEPENDENT C	LAIMS	r	ninus 3 = 1	* .		-		-	OR			
MU	ILTIPLE DEPE	NDENT CLAIM P					-	X40=		OR	X80=		
* If	the difference	in column 4 is	laga dhan a		"C"		L	-135=		OR	+270=		
- 11		e in column 1 is				column 2	T	OTAL	395	OR	TOTAL		
$\mathcal{D}$	C	(Column 1)	MENDE	MENDED - PART II (Column 2) (Column 3)				MALL	ENTITY	OR	OTHER SMALL I		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	.34	Minus	30	9	=4	>	(\$ 9=	36	OR	X\$18=		
AME	Independent	. 5	Minus	··· <	5	=	5	<40=		OR	X80=		
	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	EPENDENT	CLAIM			105		1	. 070		
							Ľ	135=		OR	+270= TOTAL		
		(Column 1)		(Oalum	0\	(0.1 a)	ADD	IT. FEE	_	OR	ADDIT. FEE		
_		CLAIMS		(Colun		(Column 3)			4001				
MENT B		REMAINING AFTER AMENDMENT		PREVICE PAID I	DUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=	×	\$ 9=		OR	X\$18=		
AMEND	Independent	•	Minus	***		=	×	40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM								
								135= TOTAL		OR	+270= TOTAL	<del></del>	
							ADD	IT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)				_			
ENTC		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE	
AMENDMEN	Total		Minus	**		=	X	\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=		40=		- 1	X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT	CLAIM		F	70-		OR	∧o∪=	<u>-</u>	
• If	the entry in colu	mn 1 is less than th	e entry in col	umn 9 weito	"()" in act	ump 3		35=		OR	+270=		
** If	the "Highest Nu	mber Previously Pa mber Previously Pa	id For" IN TH	IIS SPACE is	less that	1 20. enter "20 "		TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE		
Ť	he "Highest Num	nber Previously Paid	is For" (Total o	or Independe	nt) is the	highest number	found in	the ap	propriate box				

FORM PTO-875

								Application	n or D	ocket Num	ber 📗
	PATENT A	APPLICATIO Effect	N FEE Di			ON RECO	RD	09-	0	144	1919
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	L ENTITY	OR	OTHER	
TC	TAL CLAIMS					1	RAT	E   FEE	7 1	RATE	FEE
FO	R		NUMBER FILED N			ER EXTRA	BASIC	FEE 355.00	OR	BASIC FEE	710.00
то	TAL GHARGEA	BLE CLAIMS	mir	us 20=	*			)=	OR	X\$18=	
IND	EPENDÉNT CL	AIMS	mi	nus 3 =	*	Y			1	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI					X40	-	OR	. A0U=	
+ 16	Al1:66	to					+13	5=	OR	+270=	
" II	the difference	in column 1 is				column 2	TOT	AL	OR	TOTAL	
1	HG	(dollmru)	MENDED	(Colur	mn 2)	(Column 3)	SMA	LL ENTITY	OR	OTHER SMALL	
AMENDMENT A	٠	CLAIMS REMAINING AFTER AMENDMENT	e	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
NDIN	Total	.34	Minus	· 600		= 0	X\$ 9	)=	OR	X\$18=	
AME	Independent	. 5	Minus	""	3	= 2	X40	= 80	OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+135		1	+270=	-
								TAL	OR	TOTAL	
		(Column 1)		(Calum	O\	(Calumn 2)	ADDIT. F		OR	ADDIT. FEE	
		(Column 1) CLAIMS	<u> </u>	(Colur HIGH	EST	(Column 3)		ADDI-	7 (		ADDI-
MENT B	Augustin Salas	REMAINING AFTER AMENDMENT	and the second of	PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	K	,	RATE	TIONAL FEE
NDR	Total	* .	Minus	**		=	X\$ 9	=	OR	X\$18=	
AMENDA	Independent	*	Minus	***	- 01 1111	=	X40	=	OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDEN	CLAIM		+135	_	OR	+270=	
							L	TAL		TOTAL	
		(0 -1 4)		<b>(0</b> .1	۵۱	(0.1 0)	ADDIT. I	FEE	OR	ADDIT. FEE	
$\overline{\Box}$	<del></del>	(Column 1) CLAIMS	1	(Colui		(Column 3)			7		
AMENDMENT C		REMAINING AFTER AMENDMENT	, ° 5	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
MOR	Total	*	Minus	**		=	X\$ 9		OR	X\$18=	
AME	Independent	*	Minus	***		=	X40	_		X80=	
<b>"</b>	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	Γ CLAIM				OR		
• 1	If the enter in select	mn 1 is less than t	no ontre in o-l-	man O	a 40" in	luma 2	+135	ال	OR	+270=	
••	If the "Highest Nu	mn 1 is less than the mber Previously Parts Previously Parts Previously Parts Previously	aid For" IN THI	S SPACE	is less tha	ın 20, enter "20."	TO ADDIT. I	TAL EE	OR	TOTAL ADDIT. FEE	
		mber Previously Pa nber Previously Pa						-			